

<b>SERIAL NUMBER</b> 09/308,955	<b>FILING DATE</b> 05/27/99	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1643	<b>ATTORNEY DOCKET NO.</b> PC9808A					
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">APPLICANT</div> <div> <p>KRISTIN M. LUNDY, GROTON, CT; ANTHONY P. RICKETTS, STONINGTON, CT.</p> <p><b>**CONTINUING DOMESTIC DATA*****</b>  VERIFIED PROVISIONAL APPLICATION NO. 60/045,635 05/05/97  </p> <p><b>**371 (NAT'L STAGE) DATA*****</b>  VERIFIED THIS APPLN IS A 371 OF PCT/IB98/00662 05/01/98  </p> <p><b>**FOREIGN APPLICATIONS*****</b>  VERIFIED  </p> <p>IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/02/99</p> </div> </div>									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance  Verified and Acknowledged  </td> <td style="width:10%;"> <b>STATE OR COUNTRY</b>  CT </td> <td style="width:10%;"> <b>SHEETS DRAWING</b>  0 </td> <td style="width:10%;"> <b>TOTAL CLAIMS</b>  24 </td> <td style="width:15%;"> <b>INDEPENDENT CLAIMS</b>  3 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 24	<b>INDEPENDENT CLAIMS</b> 3
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<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">ADDRESS</div> <div> PETER C RICHARDSON  PFIZER INC  235 EAST 42ND STREET  NEW YORK NY 10017-5755 </div> </div>									
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">TITLE</div> <div> COX-2 SELECTIVE CARPROFEN FOR TREATING PAIN AND INFLAMMATION IN DOGS </div> </div>									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><b>FILING FEE RECEIVED</b>  \$1,172</td> <td style="width:40%;"> <b>FEES:</b> Authority has been given in Paper  No. _____ to charge/credit DEPOSIT ACCOUNT  NO. _____ for the following: </td> <td style="width:45%;"> <input type="checkbox"/> All Fees  <input type="checkbox"/> 1.16 Fees (Filing)  <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)  <input type="checkbox"/> 1.18 Fees (Issue)  <input type="checkbox"/> Other _____  <input type="checkbox"/> Credit </td> </tr> </table>					<b>FILING FEE RECEIVED</b>  \$1,172	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		
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